

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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Patient Dashboard

Bartis, Aimee Forney, Texas - 75126 SSN # [REDACTED] Ext. Rec#: [REDACTED] Phone [REDACTED] (H) DOB [REDACTED] Age 41 yrs Sex: Female Pat. Due \$0.00 Print Last STMT.		Principal Provider: Dr. Colleen Kennedy Health Record Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	History Edit	Electronic Notes <input type="text"/> Q i
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Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics ✓	Allergies ✓	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications ✓	All Rx History	Referrals	CDA ✓
Eligibility Info	Medical History _Y_	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
Patient Confidentiality	Social History	Lab/Radiology Orders	Patient Flow Sheet	Patient Ledger
Patient Annotations	Immunization	Lab/Radiology Test Results	Active Problem List	
Patient Activity History	HIPAA Disclosure	Progress Report	Pending Immunizations	Patient Contact
Incoming Referral File	Amendment	Patient Education _Y_		
Patient Portal Information Q				
Billing Note				

Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 12/10/2013 2:15 PM-2:30 PM TUE	np	Ms. Maries Laurel	F E	i

Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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GOVERNMENT
EXHIBIT
613
4:18-CR-368

https://www8.omnimd.com/servlet/AppointmentController?action=DashBoard&patientId=... 1/12/2018
CONFIDENTIAL
KEN003504

GX613.001

DOJ_18CR368-0124231

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Patient Personal Record

Bartis, Aimee	Sex	Female	DOB	[REDACTED]	Age	41 yrs
Chart # BARA10001	SSN #		Phone #	[REDACTED]	(H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History Add/View Patient Past Address](#)

First Name	Aimee	Address1	[REDACTED]
Last Name	Bartis	Address2	
Middle Initial		City	Forney
SSN		State	Texas
Suffix		Zip Code	75126
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	Finnish
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown if ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/29/2014
		Last Modified By	Ms. Robie Hansen

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Visit Report - Bartis, Aimee - 12/10/2013 2:15 PM(CST) (OmniMD)

Page 1 of 2

Patient : **Bartis, Aimee** Sex : Female
 Chart# : BARAI0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas 75126
 Ref By :

DOS : **12/10/2013 2:15 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current Medications

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
celexa				
Larodopa				

VITAL SIGNS**Height** 66 inch 167 cm**Weight** 140 lbs 63.5 Kg**BMI** 22.6 Kg/m²**FOLLOW UP NOTE****Patient Name:** Bartis, Aimee**Chart Number:** BARAI0001**Date of Service:** 12/10/2013 2:15 PM(CST)**Procedure Performed:****Vitals:**Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:
Starting Weight: ____ Current Weight: ____ Change:**Current Medications:****Note:** c/o of joint pain, has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures**

Visit Report - Bartis, Aimee - 12/10/2013 2:15 PM(CST) (OmniMD)

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PROCEDURES

Disposition

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Allergies

Bartis, Aimee	Sex: Female	DOB: [REDACTED]	Age: 41 yrs
Chart # BARAI0001	SSN: [REDACTED]	Phone: [REDACTED]	(H)

Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
----Food & Environmental Allergies----			Low		Active
Add					

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	----Allergies----			Low		Active
Add						

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---- Immunization Allergies--			Low		Active
Add					

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
Add					

Allergy Review History

 Last Reviewed by, Ms. Robie Hansen
 on 10/22/2015 10:35 AM

Notes:

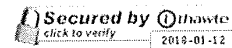
[Reviewed And Save](#)

Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions
	No Drug-Allergy Interactions exists

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CDA Document List

Bartis, Aimee	Sex	Female	DOB	[REDACTED]	Age	41 yrs
Chart # BARAI0001	SSN #		Phone	[REDACTED]	(H)	

[Add CDA Document Request](#)
[Send CDA](#)

Referral File Outgoing(CDA and Others)

Patient Name	Date Of Service	Reason	Sent To	Clinic Name	Sent By	Created Date
Bartis, Aimee	12/10/2013 2:15 PM	Clinical Summary	Ms. Maries Laurel	Colleen I Kennedy, MD, PA	Ms. Maries Laurel	10/23/2015 12:44 PM

☒ CDA Files ☒ Other Files

Referral File Incoming(CDA and Others)

Patient Name	Reason	Received From	Clinic Name	Document Type	Created Date
--------------	--------	---------------	-------------	---------------	--------------

No Document Found.

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**BlueCross
BlueShield**Subscriber Name:
AIMEE G. BARTIS
Identification Number:
ISD849886403

Plan: ActiveCare 2

Group Number: **085000**
Coverage Date: **03/01/14**Primary Care **\$30**
Specialist Care **\$50**
Emergency Room **\$150****TRS**
ER copay in addition to
20% after deductible**EXPRESS SCRIPTS®**

RxBin 610014

RxGrp TRSACTIVECARE2

Issuer (80840) 9151014609

Effective Date: 03/01/2014

ID No. 849886403

Name AIMEE G. BARTIS

	Tier 1	Tier 2	Tier 3
Retail (1st fill)	\$20	\$40	\$65
Retail (Starting with 2nd fill)	\$25	\$50	\$80
Retail-Plus Network* (60 to 90 days)	\$45	\$105	\$180
Mail (up to 90 days)	\$45	\$105	\$180

Specialty medications: \$200

Deductible (per plan year): \$200 per individual (for brand-name drugs only)

*Retail pharmacies who choose to participate in this network are able to dispense a 60- to 90-day supply of medication. Contact Express Scripts for program details and participating pharmacies.

CONFIDENTIAL**KEN003510**

GX613.007

DOJ*_18CR368-0124237

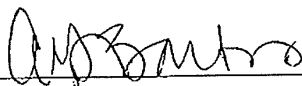
Patient Needs Questionnaire

Patient Name: Aimee Bartis

Please complete the following questionnaire. Thank you for your time.

1. Are you currently experiencing pain from injury or surgery? ☒ Yes ☐ No
2. If yes, what is the severity of the pain? ☐ Mild ☒ Moderate ☐ Severe
3. Do you have scars or stretch marks that you would like to see reduced? ☒ Yes ☐ No
4. Do you have concerns about skin irritations? ☐ Yes ☒ No
5. Do you have non-healing wounds? ☒ Yes ☐ No
6. Are you experiencing nausea on a recurring basis? ☒ Yes ☐ No
7. If yes, what is the severity of the nausea? ☐ Mild ☒ Moderate ☐ Severe
8. Are you concerned about old scars or new scars after surgery? ☒ Yes ☐ No
9. Do you have trouble healing after surgery? ☐ Yes ☒ No
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☒ Yes ☐ No
11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☒ Yes ☐ No
12. Please list all other medical conditions or important information not mentioned.

Comments/Additional Needs or Concerns:



Patient Signature

Product Satisfaction Survey

Patient Name: Aimee Bartis

Please complete the following Product Satisfaction Survey based on the compound medication you were recently prescribed. Thank you for your time.

Compound Medication(s) Prescribed:

- ☒ Pain Cream
- ☒ Scar Cream
- ☐ Nausea Cream
- ☐ Psoriasis Cream
- ☐ Wound Cream
- ☐ Acne Cream
- ☐ Hair Gel
- ☐ Other _____

1. *Did the prescription deliver the results and quality that were anticipated?*

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

2. *Ease of use/application of the prescription was...*

- ☐ Less than desirable ☐ As expected ☒ Better than expected ☐ Consistently better

3. *Ease and timeliness of receiving the prescription was ...*

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

4. *Communication from the pharmacy regarding status of prescription request was...*

- ☐ Slower than expected ☒ As expected ☐ Quicker than expected ☐ Never received

5. *Helpfulness of pharmacy to answer your questions concerning prescription was...*

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

6. *The overall satisfaction of your experience was...*

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

Comments / Testimonial:

Thank you very much for taking time to complete this survey. Your feedback is valued and very much appreciated!

Aimee Bartis

Patient Signature

Visit Report - Bartis, Aimee - 12/10/2013 2:15 PM(CST) (OmniMD)

Page 1 of 1

Patient : **Bartis, Aimee** Sex : Female
 Chart# : BARAI0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas 75126
 Ref By :

DOS : **12/10/2013 2:15 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

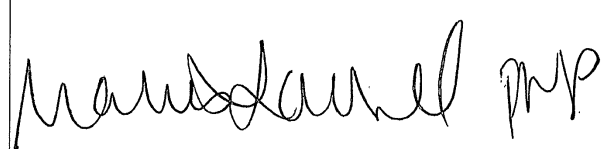
Current MedicationsCurrent Medication

<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
celexa			
Larodopa			

VITAL SIGNS**Height** 66 inch 167 cm**Weight** 140 lbs 63.5 Kg**BMI** 22.6 Kg/m²**FOLLOW UP NOTE****Patient Name:** Bartis, Aimee**Chart Number:** BARAI0001**Date of Service:** 12/10/2013 2:15 PM(CST)**Procedure Performed:****Vitals:**

Temp: ___ BP: ___/___ Pulse Rate: ___ O2 Sat:

Starting Weight: ___ Current Weight: ___ Change:

Current Medications:**Note:** c/o of joint pain, has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015
CONFIDENTIAL**KEN003513**

GX613.010

DOJ_18CR368-0124240

Patient Aimee Bartis		DOB [REDACTED]
Home Phone [REDACTED]	Cell Phone [REDACTED]	
Address [REDACTED]		
City Forney	State TX	Zip 75126
Allergies Zinnex max	Diag. No major conditions	

Insurance Info		
Carrier: CMS Caenry		
Bin#	PCN#	
Group #	255881 / 159.31.2393	
Workers Comp	Yes	No
DOI	Claim #	

General Pain / Inflammation

- | | | | |
|------------------------------------|---|------------------------------------|--|
| <input type="radio"/> GPI-1 | <ul style="list-style-type: none"> • Flurbiprofen 10% • Cyclobenzaprine 2% • Baclofen 2% • Lidocaine 2% | <input type="radio"/> GPI-2 | <ul style="list-style-type: none"> • Tramadol 5% • Flurbiprofen 20% • Cyclobenzaprine 2% • Baclofen 2% |
|------------------------------------|---|------------------------------------|--|

Back & Radicular Pain

- | | | | |
|------------------------------------|---|------------------------------------|---|
| <input type="radio"/> BRP-3 | <ul style="list-style-type: none"> • Ketamine 10% • Clonidine 0.2% • Gabapentin 6% • Flurbiprofen 10% • Lidocaine 2% | <input type="radio"/> BRP-4 | <ul style="list-style-type: none"> • Gabapentin 6% • Clonidine 0.1% • Diclofenac 2% • Lidocaine 2% • Pentoxifylline 2% |
|------------------------------------|---|------------------------------------|---|

Neuropathic & Chronic Pain

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| <input type="radio"/> NCP-5 | <ul style="list-style-type: none"> • Ketamine 10% • Baclofen 2% • Gabapentin 6% • Imipramine 3% • Nifedipine 2% • Lidocaine 2.5% | <input type="radio"/> NCP-6 | <ul style="list-style-type: none"> • Ketamine 10% • Lidocaine 5% • Acyclovir 10% • Amitriptyline 2% |
| <input type="radio"/> NCP-7 | <ul style="list-style-type: none"> • Flurbiprofen 20% • Baclofen 2% • Cyclobenzaprine 2% • Gabapentin 6% • Lidocaine 2.5% | <input type="radio"/> NCP-8 | <ul style="list-style-type: none"> • Ketamine 10% • Baclofen 2% • Cyclobenzaprine 2% • Flurbiprofen 10% • Gabapentin 6% |
| <input type="radio"/> NCP-9 | <ul style="list-style-type: none"> • Ketamine 10% • Baclofen 2% • Cyclobenzaprine 2% • Gabapentin 6% • Lidocaine 2% • Diclofenac 3% | <input type="radio"/> NCP-10 | <ul style="list-style-type: none"> • Acyclovir 5% • Deoxy-D-Glucose 2% • Ketoprofen 10% • Amitriptyline 2% • Lidocaine 5% |
| | | <input type="radio"/> NCP-11 | <ul style="list-style-type: none"> • Lidocaine 2% • Prilocaine 2% • Lamotrigine 2.5% • Meloxicam 0.09% |

Specialty

- | | | | |
|--|---|---|---|
| <input type="radio"/> 11. KITL gout | <ul style="list-style-type: none"> Ketoprofen 10% Indomethacin 10% Triamcinolone 0.2% Lidocaine 5% | <input type="radio"/> 14. Infected Wounds | <ul style="list-style-type: none"> Phenytoin 5% Misoprostol 0.0024% Aloe Vera 200:1 Prilocaine 2% Levofloxacin 2% Metronidazole 2% Vancomycin 5% |
| <input checked="" type="radio"/> 12. Multi Purpose Topical Scar Gel | <ul style="list-style-type: none"> Fluticasone Propionate 1% Levofloxacillin Dihydrochloride 2% Pentoxifylline 0.5% Prilocaine 3% Gabapentin 15% | <input type="radio"/> 15. Other custom formulation | |
| <input type="radio"/> 13. Non-Infected Wounds | <ul style="list-style-type: none"> Phenytoin 5% Misoprostol 0.0024% Aloe Vera 200:1 Prilocaine 2% in SpiraWash Gel Base | | |

Quantity: 300mLs (Three Hundred) = 4 week supply Other Qty: **150 mLs x 2 weeks**
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: **PMV**
 Alternate SIG: _____

Prescriber Name: **Colleen Kennedy, MD** NPI # **1508897810**
 Lic. #: **M7325** DEA: # _____
 Address: **1309 Ridge Rd Ste 109, Rockwall, TX 75087**
 Phone #: **214.775.1356** Fax #: **214.613.2231**
 Signature (Note: Manual Signature Required for CS) _____ Date: **12/12/17**

Note: Tramadol and Ketamine are controlled substances.

CONFIDENTIAL

KEN003514

GX613.011

DOJ_18CR368-0124241

713 637 4576

Patient Name Aimee BARTIS		DOB		Rep #	
Home Phone		Cell Phone		Insurance Information	
Address		City		Provider CVS CAREMARK	
State		Zip		Member ID # 255681	
Allergies		Diagnosis		SS #	
				Bin # 610029	
				Group # PEPRX	

Colleen Kennedy, MD

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature



Date

12/12/13

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis / Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

__4GMS __8GMS __12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

3_Prescrip-Kennedy-One_Sheet-v3.0

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GX613.012

DOJ-18CR368-0124242

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Patient Dashboard

E. E.
 Forney, Texas - 75126
 SSN # Ext. Rec #:
 Phone (H)
 DOB
 Chart# BARBR0003 Age 9 yrs 6 mths Sex: Male
 Pat. Due \$0.0 [Print Last STMT.](#)

 Principal Provider: **Dr. Colleen Kennedy Health Record**
 Referring Provider:
 Pri. Care Provider:
 Unread Messages:
[Message Alert](#)
[History](#)[Edit](#)

Electronic Notes

 [Q](#) **1**

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics ✓	Allergies ✓	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications ✓	All Rx History	Referrals	CDA ✓
Eligibility Info	Medical History _Y_	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
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Incoming Referral File	Amendment	Patient Education _Y_		
Patient Portal Information Q				
Billing Note				

Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 12/10/2013 2:30 PM-2:45 PM TUE	np	Ms. Maries Laurel	f S	M

Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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Patient Personal Record

[Redacted]	Sex	Male	DOB	[Redacted]	Age	9 yrs 6 mths
Chart #	BARBR0003	SSN #	[Redacted]	Phone	[Redacted]	(H)

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First Name	[Redacted]	Address1	[Redacted]
Last Name	[Redacted]	Address2	[Redacted]
Middle Initial		City	Forney
SSN		State	Texas
Suffix		Zip Code	75126
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[Redacted]
Date of Birth	[Redacted]	Work Phone	[Redacted]
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown if ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/29/2014
		Last Modified By	Ms. Robie Hansen

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Visit Report - B [REDACTED], B [REDACTED] - 12/10/2013 2:30 PM(CST) (OmniMD)

Page 1 of 2

Patient : B [REDACTED], B [REDACTED] Sex : Male

Chart# : BARBR0003

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED], Forney, Texas 75126

Ref By :

DOS : 12/10/2013 2:30 PM(CST) (15 mins), Location: CIK Business Office Rockwall

Chief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current MedicationsCurrent MedicationDosageFrequencyDurationReason

Anafranil

VITAL SIGNS**Height** 43 inch 109 cm**Weight** 45 lbs 20.4 Kg**BMI** 17.1 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** B [REDACTED], B [REDACTED]**Chart Number:** BARBR0003**Date of Service:** 12/10/2013 2:30 PM(CST)**Procedure Performed:****Vitals:**

Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:

Starting Weight: ____ Current Weight: ____ Change:

Current Medications:**Note:** hx of eczema, scarring from itching and scratching from eczema-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES**

Visit Report - B [REDACTED], E [REDACTED] - 12/10/2013 2:30 PM(CST) (OmniMD)

Page 2 of 2

Disposition

Dr. Colleen Kennedy, M.D., [Baylor Dallas Clinic](#), **Colleen I Kennedy, MD, PA**
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Allergies

	Sex: Male	DOB: [REDACTED]	Age: 9 yrs 6 mths
Chart # BARBR0003	SSN: #	Phone: [REDACTED]	(H)

Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
----Food & Environmental Allergies----			Low		Active
Add					

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	----Allergies----			Low		Active
Add						

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---- Immunization Allergies----			Low		Active
Add					

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
Add					

Allergy Review History

 Last Reviewed by, Ms. Robie Hansen
 on 10/22/2015 10:35 AM

Notes:

[Reviewed And Save](#)

Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions
	No Drug-Allergy Interactions exists

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Current Medications

E. E.	Sex: Male	DOB: [REDACTED]	Age: 9 yrs 6 mths
Chart # BARBR0003	SSN #	Phone: [REDACTED] (H)	

[Print All](#)
[Print Pre-Existing & Active Medications](#)
[Print Pre-Existing Medications Only](#)

Surescripts Rx history

☐ Patient denies pre-existing medications

Add / Edit Pre-Existing Medications

Drug (enter first few characters)	Strength	Dosage	Frequency	From	- Duration -	To	Reason	Clear
<input type="text"/>	--Select--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Note : Please select drug from drug list, so, system will provide interaction information.

Pre-Existing Medications	Dosage	Frequency	Duration	Reason	Action
Anafranil					Edit Stop Renew
Active Medications from Rx	Dosage	Frequency	Duration	Last Modify by/Reason	Action
No Drug exist in Active Medications from Rx					

[Show Inactive & Disabled](#)
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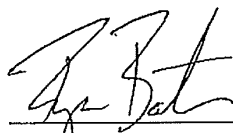
Patient Name: B [REDACTED] B [REDACTED]

Please complete the following questionnaire. Thank you for your time.

Patient Needs Questionnaire

1. Are you currently experiencing pain from injury or surgery? ☒ Yes ☐ No
2. If yes, what is the severity of the pain? ☐ Mild ☒ Moderate ☐ Severe
3. Do you have scars or stretch marks that you would like to see reduced? ☐ Yes ☒ No
4. Do you have concerns about skin irritations? ☒ Yes ☐ No
5. Do you have non-healing wounds? ☐ Yes ☒ No
6. Are you experiencing nausea on a recurring basis? ☐ Yes ☒ No
7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe
8. Are you concerned about old scars or new scars after surgery? ☐ Yes ☒ No
9. Do you have trouble healing after surgery? ☐ Yes ☒ No
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☒ Yes ☐ No
11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☐ Yes ☒ No
12. Please list all other medical conditions or important information not mentioned.

Comments/Additional Needs or Concerns:



Patient Signature

Product Satisfaction Survey

Patient Name: B [REDACTED] B [REDACTED]

Please complete the following Product Satisfaction Survey based on the compound medication you were recently prescribed. Thank you for your time.

Compound Medication(s) Prescribed:

- ☒ Pain Cream
- ☐ Scar Cream
- ☐ Nausea Cream
- ☒ Psoriasis Cream
- ☐ Wound Cream
- ☐ Acne Cream
- ☐ Hair Gel
- ☐ Other _____

1. Did the prescription deliver the results and quality that were anticipated?

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

2. Ease of use/application of the prescription was...

- ☐ Less than desirable ☒ As expected ☐ Better than expected ☐ Consistently better

3. Ease and timeliness of receiving the prescription was ...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

4. Communication from the pharmacy regarding status of prescription request was...

- ☐ Slower than expected ☒ As expected ☐ Quicker than expected ☐ Never received

5. Helpfulness of pharmacy to answer your questions concerning prescription was...

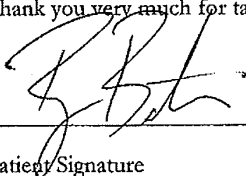
- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

6. The overall satisfaction of your experience was...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

Comments / Testimonial:

Thank you very much for taking time to complete this survey. Your feedback is valued and very much appreciated!



Patient Signature

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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CDA Document List

B. B.	Sex Male	DOB [REDACTED]	Age 9 yrs 6 mths
Chart # BARBR0003	SSN #	Phone [REDACTED]	(H)

[Add CDA Document Request](#)
[Send CDA](#)

Referral File Outgoing(CDA and Others)

Patient Name	Date Of Service	Reason	Sent To	Clinic Name	Sent By	Created Date
B. B.	12/10/2013 2:30 PM	Clinical Summary	Ms. Maries Laurel	Colleen I Kennedy, MD, PA	Ms. Maries Laurel	10/23/2015 12:45 PM

☒ CDA Files ☒ Other Files

Referral File Incoming(CDA and Others)

Patient Name	Reason	Received From	Clinic Name	Document Type	Created Date
--------------	--------	---------------	-------------	---------------	--------------

No Document Found.

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Visit Report - B [REDACTED] B [REDACTED] 12/10/2013 2:30 PM(CST) (OmniMD)

Page 1 of 1

Patient : E [REDACTED], E [REDACTED] Sex : Male

Chart# : BARBR0003

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED], Forney, Texas 75126

Ref By :

DOS : 12/10/2013 2:30 PM(CST) (15 mins), Location: CIK Business Office Rockwall

Chief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current MedicationsCurrent MedicationDosageFrequencyDurationReason

Anafranil

VITAL SIGNS**Height** 43 inch 109 cm**Weight** 45 lbs 20.4 Kg**BMI** 17.1 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** E [REDACTED], E [REDACTED]**Chart Number:** BARBR0003**Date of Service:** 12/10/2013 2:30 PM(CST)**Procedure Performed:****Vitals:**

Temp: ___ BP: ___/___ Pulse Rate: ___ O2 Sat: ___

Starting Weight: ___ Current Weight: ___ Change: ___

Current Medications:**Note:** hx of eczema, scarring from itching and scratching from eczema-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015**CONFIDENTIAL****KEN003525**

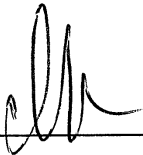
GX613.022

DOJ_18CR368-0124252

Patient Name B [REDACTED] B [REDACTED]		DOB [REDACTED]	
Home Phone		Cell Phone [REDACTED]	
Address [REDACTED]			
City Furney		State TX	Zip 75126
Allergies		Diagnosis	

Rep #	
Insurance Information	
Provider CUS CAREMARK	
Member ID # 255681	
SS # [REDACTED]	
Bin # 610029	Group # PEPRX

Colleen Kennedy, MD
 1309 Ridge Rd. Suite 109, Rockwall, TX 75087
 214-775-1356 (office) 214-613-2231 (fax)
 Lic#: M7325
 NPI#: 1508897810

Signature  Date 12/12/13

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis / Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

__4GMS __8GMS X12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

__60GMS __120GMS __240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

3_Prescrip-Kennedy-One_Sheet-v3.0

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GX613.023

KEN003526

DOJ-18CR368-0124253

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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Patient Dashboard

Bartis, Ryan Forney, Texas SSN # [REDACTED] Ext. Rec #: [REDACTED] Phone [REDACTED] (H) DOB [REDACTED] Age 44 yrs Sex: Male Pat. Due \$0.0 Print Last STMT		Principal Provider: Dr. Colleen Kennedy Health Record Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	History Edit	Electronic Notes <input type="text"/> Q i
---	--	--	---	--

Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics ✓ Insurance Records Eligibility Info Advance Directives Patient Confidentiality Patient Annotations Patient Activity History Incoming Referral File Patient Portal Information Q Billing Note	Allergies ✓ Current Medications Medical History Y Family History Social History Immunization HIPAA Disclosure Amendment	OmniMD Rx History All Rx History Rx Refills Rx Change Requests Lab/Radiology Orders Lab/Radiology Test Results Progress Report Patient Education Y	Transcriptions Referrals Form Records Scanned Documents ✓ Patient Flow Sheet Active Problem List Pending Immunizations	Messages CDA ✓ Lock Users Super Bills Patient Ledger Patient Contact
---	--	---	--	---

Cases and Visits

Date of Service	Chief Complaint	Attending Provider	Progress	New Case/Visit	Action
Case: np 12/10/2013 2:45 PM-3:00 PM TUE	np	Ms. Maries Laurel	F S	New Case/Visit	Action

Patient's Recent and Upcoming Health Alerts

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

Patient's Future Appointments

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

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Patient Personal Record

Bartis, Ryan	Sex	Male	DOB	[REDACTED]	Age	44 yrs
Chart # RYABA0001	SSN #		Phone #	[REDACTED]	(H)	

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First Name	Ryan	Address1	[REDACTED]
Last Name	Bartis	Address2	
Middle Initial		City	Forney
SSN		State	Texas
Suffix		Zip Code	
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown f ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/29/2014
		Last Modified By	Ms. Robie Hansen

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Visit Report - Bartis, Ryan - 12/10/2013 2:45 PM(CST) (OmniMD)

Page 1 of 2

Patient : **Bartis, Ryan** Sex : Male
 Chart# : RYABA0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas
 Ref By :

DOS : **12/10/2013 2:45 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current Medications**VITAL SIGNS****Height** 70 inch 177 cm**Weight** 205 lbs 93.0 Kg**BMI** 29.4 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** Bartis, Ryan**Chart Number:** RYABA0001**Date of Service:** 12/10/2013 2:45 PM(CST)**Procedure Performed:****Vitals:**

Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:

Starting Weight: ____ Current Weight: ____ Change:

Current Medications:**Note:** c/o of joint pains and low back pains, has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain, low back pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

Visit Report - Bartis, Ryan - 12/10/2013 2:45 PM(CST) (OmniMD)

Page 2 of 2

11926900162

CYS CAREMARK		PEPPER AUTO	
RXBIN:	610029		
RXPCN:	CRK		
RXGRP:	PEPRX		
ISSUER:	(80840)		
ID	255681		
Name	RYAN E BARTIS		

CONFIDENTIAL

GX613.028

KEN003531

DOJ*_18CR368-0124258

Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. When you ask for a generic medicine, you get the equivalent to the brand name FDA-approved medicine and could save money. Count on GenericsSM and save! For additional pharmacies go to www.caremark.com or contact a Caremark Customer Care representative.

Customer Care: 1-866-559-6893

Submit Claims to:

Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

12546-1050-1207

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GX613.029

KEN003532

DOJ*_18CR368-0124259

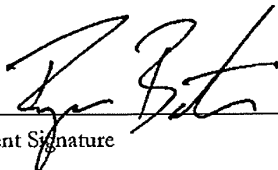
Patient Name: Ryan Bartis

Please complete the following questionnaire. Thank you for your time.

Patient Needs Questionnaire

1. Are you currently experiencing pain from injury or surgery? ☒ Yes ☐ No
2. If yes, what is the severity of the pain? ☒ Mild ☒ Moderate ☐ Severe
3. Do you have scars or stretch marks that you would like to see reduced? ☒ Yes ☐ No
4. Do you have concerns about skin irritations? ☐ Yes ☒ No
5. Do you have non-healing wounds? ☒ Yes ☐ No
6. Are you experiencing nausea on a recurring basis? ☐ Yes ☒ No
7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe
8. Are you concerned about old scars or new scars after surgery? ☒ Yes ☐ No
9. Do you have trouble healing after surgery? ☐ Yes ☒ No
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☒ Yes ☐ No
11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☒ Yes ☐ No
12. Please list all other medical conditions or important information not mentioned.

Comments/Additional Needs or Concerns:



Patient Signature

Product Satisfaction Survey

Patient Name: Ryan Bartis

Please complete the following Product Satisfaction Survey based on the compound medication you were recently prescribed. Thank you for your time.

Compound Medication(s) Prescribed:

- ☒ Pain Cream
- ☒ Scar Cream
- ☐ Nausea Cream
- ☐ Psoriasis Cream
- ☐ Wound Cream
- ☐ Acne Cream
- ☐ Hair Gel
- ☐ Other _____

1. Did the prescription deliver the results and quality that were anticipated?

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

2. Ease of use/application of the prescription was...

- ☐ Less than desirable ☐ As expected ☒ Better than expected ☐ Consistently better

3. Ease and timeliness of receiving the prescription was ...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

4. Communication from the pharmacy regarding status of prescription request was...

- ☐ Slower than expected ☒ As expected ☐ Quicker than expected ☐ Never received

5. Helpfulness of pharmacy to answer your questions concerning prescription was...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

6. The overall satisfaction of your experience was...

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

Comments / Testimonial:

Thank you very much for taking time to complete this survey. Your feedback is valued and very much appreciated!


Patient Signature

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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CDA Document List

Bartis, Ryan	Sex	Male	DOB	[REDACTED]	Age	44 yrs
Chart # RYABA0001	SSN #		Phone	[REDACTED]	(H)	

[Add CDA Document Request](#)
[Send CDA](#)

Referral File Outgoing(CDA and Others)

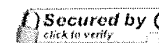
Patient Name	Date Of Service	Reason	Sent To	Clinic Name	Sent By	Created Date
Bartis, Ryan	12/10/2013 2:45 PM	Clinical Summary	Ms. Maries Laurel	Colleen I Kennedy, MD, PA	Ms. Maries Laurel	10/23/2015 12:45 PM

☒ CDA Files ☒ Other Files

Referral File Incoming(CDA and Others)

Patient Name	Reason	Received From	Clinic Name	Document Type	Created Date
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No Document Found.

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Visit Report - Bartis, Ryan - 12/10/2013 2:45 PM(CST) (OmniMD)

Page 1 of 1

Patient : **Bartis, Ryan** Sex : Male
 Chart# : RYABA0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas
 Ref By :

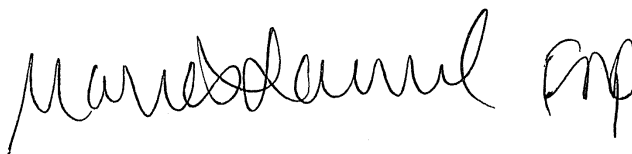
DOS : **12/10/2013 2:45 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current Medications**VITAL SIGNS****Height** 70 inch 177 cm**Weight** 205 lbs 93.0 Kg**BMI** 29.4 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** Bartis, Ryan**Chart Number:** RYABA0001**Date of Service:** 12/10/2013 2:45 PM(CST)**Procedure Performed:****Vitals:**Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:
Starting Weight: ____ Current Weight: ____ Change:**Current Medications:****Note:** c/o of joint pains and low back pains, has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain, low back pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015
CONFIDENTIAL**KEN003536**

GX613.033

DOJ_18CR368-0124263

Patient Name RYAN BARTIS		DOB [REDACTED]		Rep #	
Home Phone		Cell Phone [REDACTED]		Insurance Information	
Address [REDACTED]		City Forney		Provider CVS CAREMARK	
State TX		Zip 75126		Member ID # 255681	
Allergies		Diagnosis		SS # [REDACTED]	
				Bin # 610029	
				Group # PEPRX	

Colleen Kennedy, MD
 1309 Ridge Rd. Suite 109, Rockwall, TX 75087
 214-775-1356 (office) 214-613-2231 (fax)
 Lic#: M7325
 NPI#: 1508897810

Signature [Signature] Date 12/12/13

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis / Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

__4GMS __8GMS __12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

3_Prescrip-Kennedy-One_Sheet-v3b

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GX613.034

KEN003537

DOJ-18CR368-0124264

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Patient Dashboard

Bartis, Samuel Forney, Texas - 75126 SSN # [REDACTED] Ext. Rec # [REDACTED] Phone [REDACTED] (H) DOB [REDACTED] Age 17 yrs 1 mth Sex: Male Pat. Due \$0.0 Print Last STMT.		Principal Provider: Dr. Colleen Kennedy Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	Dr. Colleen Kennedy Health Record History Edit	Electronic Notes <input type="text"/> Q i
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Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics ✓	Allergies ✓	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications ✓	All Rx History	Referrals	CDA
Eligibility Info	Medical History _Y_	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
Patient Confidentiality	Social History	Lab/Radiology Orders	Patient Flow Sheet	Patient Ledger
Patient Annotations	Immunization	Lab/Radiology Test Results	Active Problem List	Patient Contact
Patient Activity History	HIPAA Disclosure	Progress Report	Pending Immunizations	
Incoming Referral File	Amendment	Patient Education _Y_		
Patient Portal Information Q				
Billing Note				

Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 12/10/2013 3:00 PM-3:15 PM TUE	np	Ms. Maries Laurel	F M	D

Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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Patient Personal Record

Bartis, Samuel	Sex: Male	DOB: [REDACTED]	Age: 17 yrs 1 mth
Chart # BARS0001	SSN #	Phone: [REDACTED] (H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	Samuel	Address1	[REDACTED]
Last Name	Bartis	Address2	
Middle Initial		City	Forney
SSN		State	Texas
Suffix		Zip Code	75126
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown if ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/21/2015
		Last Modified By	Ms. Robie Hansen

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Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

Page 1 of 2

Patient : **Bartis, Samuel** Sex : Male
 Chart# : BARSA0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas 75126
 Ref By :

DOS : **12/10/2013 3:00 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current Medications

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
Singulair				

VITAL SIGNS**Height** 68 inch 172 cm**Weight** 190 lbs 86.2 Kg**BMI** 28.9 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** Bartis, Sam**Chart Number:** BARSA0001**Date of Service:** 12/10/2013 3:00 PM(CST)**Procedure Performed:****Vitals:**

Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:

Starting Weight: ____ Current Weight: ____ Change:

Current Medications:**Note:** scarring from old cuts/injuries with poor cosmetic healing, called in compound scar reduction cream**Impression:** scarring with poor healing outcome**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures**

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

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PROCEDURES

Disposition

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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Allergies

Bartis, Samuel	Sex: Male	DOB: [REDACTED]	Age: 17 yrs 1 mth
Chart # BARS0001	SSN: #	Phone: [REDACTED] (H)	

Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
----Food & Environmental Allergies----			Low		Active
					Add

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	----Allergies----			Low		Active
						Add

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---- Immunization Allergies---			Low		Active
					Add

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
					Add

Allergy Review History

 Last Reviewed by, Ms. Robie Hansen
 on 10/22/2015 10:37 AM

Notes:

[Reviewed And Save](#)

Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions
	No Drug-Allergy Interactions exists

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Current Medications

Bartis, Samuel	Sex	Male	DOB	[REDACTED]	Age	17 yrs 1 mth
Chart # BARS0001	SSN #		Phone	[REDACTED]	(H)	

[Print All](#)
[Print Pre-Existing & Active Medications](#)
[Print Pre-Existing Medications Only](#)

Surescripts Rx history

☐ Patient denies pre-existing medications

Add / Edit Pre-Existing Medications

Drug (enter first few characters)	Strength	Dosage	Frequency	From	- Duration -	To	Reason	Clr
<input type="text"/>	--Select--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Note : Please select drug from drug list, so, system will provide interaction information.

Pre-Existing Medications	Dosage	Frequency	Duration	Reason	Action
Singulair					Edit Stop Renew
Active Medications from Rx	Dosage	Frequency	Duration	Last Modify by/Reason	Action
No Drug exist in Active Medications from Rx					

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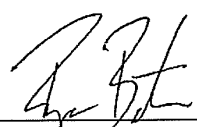
Patient Needs Questionnaire

Patient Name: Samuel Bartis

Please complete the following questionnaire. Thank you for your time.

1. Are you currently experiencing pain from injury or surgery? ☒ Yes ☐ No
2. If yes, what is the severity of the pain? ☒ Mild ☐ Moderate ☐ Severe
3. Do you have scars or stretch marks that you would like to see reduced? ☒ Yes ☐ No
4. Do you have concerns about skin irritations? ☐ Yes ☒ No
5. Do you have non-healing wounds? ☒ Yes ☐ No
6. Are you experiencing nausea on a recurring basis? ☐ Yes ☒ No
7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe
8. Are you concerned about old scars or new scars after surgery? ☒ Yes ☐ No
9. Do you have trouble healing after surgery? ☐ Yes ☒ No
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☒ Yes ☐ No
11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☒ Yes ☐ No
12. Please list all other medical conditions or important information not mentioned.

Comments/Additional Needs or Concerns:



Patient Signature

Product Satisfaction Survey

Patient Name: Samuel Bartis

Please complete the following Product Satisfaction Survey based on the compound medication you were recently prescribed. Thank you for your time.

Compound Medication(s) Prescribed:

- ☐ Pain Cream
- ☒ Scar Cream
- ☐ Nausea Cream
- ☒ Psoriasis Cream
- ☐ Wound Cream
- ☐ Acne Cream
- ☐ Hair Gel
- ☐ Other _____

1. *Did the prescription deliver the results and quality that were anticipated?*

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

2. *Ease of use/application of the prescription was...*

- ☐ Less than desirable ☒ As expected ☐ Better than expected ☐ Consistently better

3. *Ease and timeliness of receiving the prescription was ...*

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

4. *Communication from the pharmacy regarding status of prescription request was...*

- ☐ Slower than expected ☒ As expected ☐ Quicker than expected ☐ Never received

5. *Helpfulness of pharmacy to answer your questions concerning prescription was...*

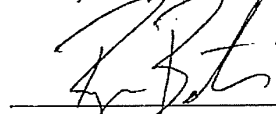
- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

6. *The overall satisfaction of your experience was...*

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

Comments / Testimonial:

Thank you very much for taking time to complete this survey. Your feedback is valued and very much appreciated!



Patient Signature

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

Page 1 of 2

Patient : **Bartis, Samuel** Sex : Male
 Chart# : BARSA0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas 75126
 Ref By :

DOS : **12/10/2013 3:00 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

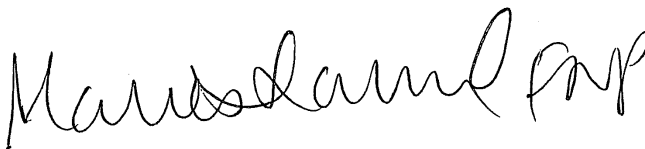
No Intolerance Recorded

Current Medications

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
Singulair				

VITAL SIGNS**Height** 68 inch 172 cm**Weight** 190 lbs 86.2 Kg**BMI** 28.9 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** Bartis, Sam**Chart Number:** BARSA0001**Date of Service:** 12/10/2013 3:00 PM(CST)**Procedure Performed:****Vitals:**

Temp: ___ BP: ___/___ Pulse Rate: ___ O2 Sat: ___
 Starting Weight: ___ Current Weight: ___ Change: ___

Current Medications:**Note:** scarring from old cuts/injuries with poor cosmetic healing, called in compound scar reduction cream**Impression:** scarring with poor healing outcome**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES**

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GX613.043

DOJ_18CR368-0124273

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

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Procedures

PROCEDURES

Disposition

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KEN003547

GX613.044

DOJ*_18CR368-0124274

Patient Name SAM BARTIS		DOB [REDACTED]		Rep #	
Home Phone		Cell Phone [REDACTED]		Insurance Information	
Address [REDACTED]		Provider CVS CAREMARK		Member ID # 255681	
City Forney		State TX	Zip 75126	SS # [REDACTED]	
Allergies		Diagnosis		Bin # 610029	Group # PEPRX

Colleen Kennedy, MD

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature _____



Date

2/12/13

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis / Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

__4GMS __8GMS X12GMS 240GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

__60GMS __120GMS __240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

3_Prescrip-Kennedy-One_Sheet-v3b

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GX613.045

KEN003548

DOJ-18CR368-0124275

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, Colleen I Kennedy, MD, PA


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Patient Dashboard

Bartis, Zachary
 Forney, Texas - 75126
 SSN # Ext. Rec #:
 Phone (H)
 DOB
 Chart # BARZA0001 Age 14 yrs 5 mths Sex: Male
 Pat. Due \$0.0 [Print Last STMT.](#)

 Principal Provider: Dr. Colleen Kennedy [Health Record](#)
 Referring Provider:
 Pri. Care Provider:
 Unread Messages:
[Message Alert](#)
[History](#)[Edit](#)

Electronic Notes

Enter Keyword



Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

Demographics ✓	Allergies ✓	OmniMD Rx History	Transcriptions	Messages
Insurance Records	Current Medications	All Rx History	Referrals	CDA
Eligibility Info	Medical History ▾	Rx Refills	Form Records	Lock Users
Advance Directives	Family History	Rx Change Requests	Scanned Documents ✓	Super Bills
Patient Confidentiality	Social History	Lab/Radiology Orders	Patient Flow Sheet	Patient Ledger
Patient Annotations	Immunization	Lab/Radiology Test Results	Active Problem List	
Patient Activity History	HIPAA Disclosure	Progress Report	Pending Immunizations	Patient Contact
Incoming Referral File	Amendment	Patient Education ▾		
Patient Portal Information ⓘ				
Billing Note				

Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 12/10/2013 1:45 PM-2:00 PM TUE	np	Ms. Maries Laurel		

Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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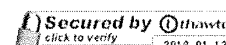
Patient's Future Appointments

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Dt. of Service	Chief Complaint	Provider	Procedures
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Patient Personal Record

Bartis, Zacharhy	Sex	Male	DOB	[REDACTED]	Age	14 yrs 5 mths
Chart # BARZA0001	SSN #		Phone #	[REDACTED]	(H)	

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First Name	Zacharhy	Address1	[REDACTED]
Last Name	Bartis	Address2	
Middle Initial		City	Forney
SSN		State	Texas
Suffix		Zip Code	75126
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown f ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/29/2014
		Last Modified By	Ms. Robie Hansen

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Visit Report - Bartis, Zacharhy - 12/10/2013 1:45 PM(CST) (OmniMD)

Page 1 of 2

Patient : **Bartis, Zacharhy** Sex : Male
 Chart# : BARZA0001 DOB : [REDACTED]
 Phone : [REDACTED] (H), Address : [REDACTED], Forney, Texas 75126
 Ref By :

DOS : **12/10/2013 1:45 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

Allergies**No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

Current Medications**VITAL SIGNS****Height** 58 inch 147 cm**Weight** 80 lbs 36.3 Kg**BMI** 16.7 Kg/m² Abnormal**FOLLOW UP NOTE****Patient Name:** Bartis, Zacharhy**Chart Number:** BARZA0001**Date of Service:** 12/10/2013 1:45 PM(CST)**Procedure Performed:****Vitals:**

Temp: ____ BP: ____/____ Pulse Rate: ____ O2 Sat:

Starting Weight: ____ Current Weight: ____ Change:

Current Medications:**Note:** hx of eczema, scarring from itching and scratching from eczema-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

Visit Report - Bartis, Zacharhy - 12/10/2013 1:45 PM(CST) (OmniMD)

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Allergies

Bartis, Zachary	Sex	Male	DOB	[REDACTED]	Age	14 yrs 5 mths
Chart # BARZA0001	SSN #		Phone #	[REDACTED]	(H)	

Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
----Food & Environmental Allergies----			Low		Active
					Add

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	----Allergies----			Low		Active
						Add

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---- Immunization Allergies----			Low		Active
					Add

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
					Add

Allergy Review History

 Last Reviewed by, Ms. Robie Hansen
 on 10/22/2015 10:38 AM

Notes:

[Reviewed And Save](#)

Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions

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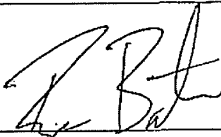
Patient Needs Questionnaire

Patient Name: Zachary Bartis

Please complete the following questionnaire. Thank you for your time.

1. Are you currently experiencing pain from injury or surgery? ☒ Yes ☒ No
2. If yes, what is the severity of the pain? ☒ Mild ☐ Moderate ☐ Severe
3. Do you have scars or stretch marks that you would like to see reduced? ☐ Yes ☒ No
4. Do you have concerns about skin irritations? ☒ Yes ☐ No
5. Do you have non-healing wounds? ☐ Yes ☒ No
6. Are you experiencing nausea on a recurring basis? ☐ Yes ☒ No
7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe
8. Are you concerned about old scars or new scars after surgery? ☐ Yes ☒ No
9. Do you have trouble healing after surgery? ☐ Yes ☒ No
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☒ Yes ☐ No
11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☐ Yes ☒ No
12. Please list all other medical conditions or important information not mentioned.

Comments/Additional Needs or Concerns:



Patient Signature

Product Satisfaction Survey

Patient Name: Zachary Bartis

Please complete the following Product Satisfaction Survey based on the compound medication you were recently prescribed. Thank you for your time.

Compound Medication(s) Prescribed:

- ☒ Pain Cream
- ☐ Scar Cream
- ☐ Nausea Cream
- ☒ Psoriasis Cream
- ☐ Wound Cream
- ☐ Acne Cream
- ☐ Hair Gel
- ☐ Other _____

1. Did the prescription deliver the results and quality that were anticipated?

- ☐ Less than expected ☐ As expected ☒ More than expected ☐ Consistently more

2. Ease of use/application of the prescription was...

- ☐ Less than desirable ☒ As expected ☐ Better than expected ☐ Consistently better

3. Ease and timeliness of receiving the prescription was ...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

4. Communication from the pharmacy regarding status of prescription request was...

- ☐ Slower than expected ☒ As expected ☐ Quicker than expected ☐ Never received

5. Helpfulness of pharmacy to answer your questions concerning prescription was...

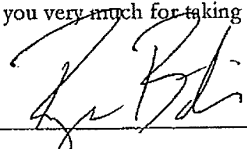
- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

6. The overall satisfaction of your experience was...

- ☐ Less than expected ☒ As expected ☐ More than expected ☐ Consistently more

Comments / Testimonial:

Thank you very much for taking time to complete this survey. Your feedback is valued and very much appreciated!


Patient Signature

Visit Report - Bartis, Zacharhy - 12/10/2013 1:45 PM(CST) (OmniMD)

Page 1 of 1

Patient : **Bartis, Zacharhy** Sex : Male

Chart# : BARZA0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED] Forney, Texas 75126

Ref By :

DOS : **12/10/2013 1:45 PM(CST)** (15 mins), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

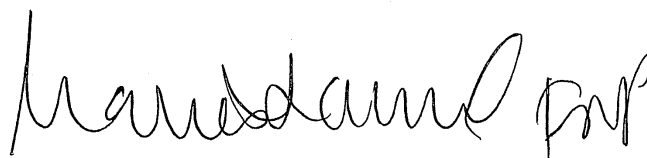
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GX613.053

DOJ_18CR368-0124283

Patient Name ZAC BARTH		DOB [REDACTED]	
Home Phone		Cell Phone [REDACTED]	
Address [REDACTED]			
City Forney		State TX	Zip 75126
Allergies		Diagnosis	

Insurance Information	
Provider CUS CAREMARK	
Member ID # 255681	
SS # [REDACTED]	
Bin # 610029	Group # PEPRX

Colleen Kennedy, MD

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature _____



Date

12/12/13

**Scar Reduction Cream**Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (*PracaSil™-Plus*)__60GMS __120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis / Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

__4GMS __8GMS X12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

__60GMS __120GMS __240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

3_Prescrip Kennedy One_Sheet v3b

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GX613.054

DOJ_18CR368-0124284